



State of Rhode Island

Department of State - Business Services Division

FILED

SEP 04 2020

BY

001114

DS

Annual Report for the year: 2020
 Limited Liability Company

- Filing period: September 1 - November 1
 → Filing Fee \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1 Entity ID Number 001696941		2. Exact name of the Limited Liability Company 919 Citizen LLC			
3 NAICS Code 531120		4. Brief description of the character of business conducted in Rhode Island Real Estate Management			
5 State of Formation Rhode Island					
6 Principal Office Address 635 Massachusetts Avenue, Suite 10			City Arlington	State MA	Zip 02476
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Nancy Adams			Contact Title Office Manager		
Street Address 635 Massachusetts Avenue, Suite 10			City Arlington	State MA	Zip 02476
8 List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Dikran Meguerditchian			Manager Name		
Street Address 635 Massachusetts Avenue, Suite 10			Street Address		
City Arlington	State MA	Zip 02476	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Person Dikran Meguerditchian				Date September 1, 2020	
Signature of Authorized Person <i>D Meguerditchian</i>					

MAIL TO:

Division of Business Services

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